

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39507

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **7911**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2101 Russell** Registered No. **10494**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Molly Weisel**

(a) Residence, No. **2101 Russell** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 17, 1869**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 7 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc. **At home**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

13. NAME **Henry Weisel**

14. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

15. MAIDEN NAME **Anna Mosbach**

16. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

17. INFORMANT **Robert O. Weisel**
(ADDRESS) **2101 Russell Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem. Nov. 13, 1937**

19. FUNERAL DIRECTOR **Heck Bros.**
(ADDRESS) **2201 So. Grand Blvd.**

20. FILED **NOV 12 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 10, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 1st**, 19**36**, to **Nov. 10**, 19**37**

I last saw him alive on **Nov. 10, 1937** Death is said to have occurred on the date stated above, at **7:30 a. m.**

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset **5/1/36**

Other contributory causes of importance: **Arteriosclerosis**

Name of operation Date of

What test confirmed diagnosis **Autopsy** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Arteriosclerosis** (Signed) **J. Bredeck** M. D.

(Address) **618 Metropolitan Bldg.**

1130-36.
Mortuary & Embalming
Jc. 4250

STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Signed _____

Registered Apprentice No. _____

George C. Weick
Licensed Embalmer No. 2268

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)